

WASHINGTON COUNTY EMPLOYMENT APPLICATION

197 E. Tabernacle St. George, UT 84770 (435) 652-5821

RETURN APPLICATION TO: Workforce Services 162 N. 400 E., Bldg B, St. George UT

I. APPLICANT INFORMATIO	N		
Γitle of position applied for:			
Γype of employment desired: Full	Time Part Time Tempor	rary	
Date available for employment:			
Name:	Soc. Sec. #		
Address:Street	City	State	Zip
Геlephone: Day	Evening	W	/ork
Are you related to someone currently emp	loyed by Washington County?	Yes No	
*Name	F	Relationship	
f employed, are you willing to accept the	approved salary for this position?	Yes No	
Have you ever been employed by Washing	gton County? Yes No Year	& Dept	
It is the policy of Washington Coun compensation and other terms and con religion, national origin, age or disal	ditions of employment without discrim	te equal opportun ination because of ole accommodation	race, color, sex,

II. TRAINING, EDUCATION AND EXPERIENCE: You must complete all applicable items in this section, or your application may be rejected. The information you give regarding your training and experience will be used to determine if you meet minimum qualifications.

TRAINING: When claiming college, business, armed forces or vocational school credit, you must submit transcripts or other official documents (original or photocopy) with your application.

EDUCATION AND TRAINING

a high school equivalency diploma? (GED)?	Have you graduated from high school or received			If no, circle the highest grade completed:		
ACCOUNT for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format. Employer's Name and Phone Number: Complete Address: Your Title: Reason for leaving or seeking other employment: Employer's Name and Phone Number Duties: Employer's Name and Phone Number: Complete Address: Your Title: From				1 2 3 4 5 6 7	8 9 10 11 12	
LANGUAGES: List languages you speak, read and write other than English TYPE SPEED Net words per minute. EXPERIENCE: Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format. Employer's Name and Phone Number: Complete Address: Your Title: From To Hours per week Last monthly pay S Supervisors Name, Title, and Phone Number Duties: Employer's Name and Phone Number: Complete Address: Your Title: From To Hours per week Last monthly pay S Hours per week Last monthly pay S Last monthly pay S				Major		
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From Hours per week		
Hours per week	Last month	ly pay \$
From	To	
Hours per week	Last monthl	y pay \$
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, City, State Zip)	Occupation	
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- Yes No 1. Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods on a separate sheet. (Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment).
- Yes No 2. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.
- Yes No 3. Would accommodation/assistance be helpful to you in taking the examination for this position? If yes, describe on a separate sheet.
- Yes No 4. If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material (see posted job announcement), are you 18 years of age or older?

- Yes No 5. Are you a citizen by birth, or a naturalized citizen of the U.S.?
- Yes No 6. If no, are you eligible to work in the U.S.?
- Yes No 7. Are you willing to have your current employer contacted regarding your employment record?

IV. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

I hereby authorize any previous employer to give and release to Washington County any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Washington County from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Washington County to determine my competence for certain positions in the sheriff and corrections department or in departments where funds are involved, by obtaining credit, criminal and other job related information about me.

I understand that this employment application and any other County documents are not contracts of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature:	Date:
V. COMPLETE THIS SECTION ONLY FOR I	LAW ENFORCEMENT RELATED POSITIONS
Yes No Are you currently POST (Peace Officer	Standards and Training) certified in this state or another state?
If yes, specify state(Please attach a copy of your certification) Yes No Are you 21 years of age or older: (Law	Types of Certification: Enforcement/Corrections only)
employment with Washington County Government Washington County Government to conduct a detapertaining to such application and investigation will understand that should any investigation discloss material fact, my application may be rejected appointed, I may be dismissed. I also understate further consideration or result in termination. I have a support of the consideration of the cons	RE SIGNING THIS STATEMENT: Having made application for ent for the position of, I hereby authorize ailed background investigation and understand that all information ill be kept confidential and released to only authorized individuals. The enterpresentation, falsification, omission or concealment of and my name removed from the eligibility list, and if already and that certain information or offenses may preclude me from the elease your organization or any other agency involved in inal liability arising under the Federal Rights and Privacy Act or
Signature of Applicant (original, not photocopy)	Date